

MID-COURSE REVIEW OF STUDENT'S PROGRESS

The University of Oklahoma College of Public Health

Complete and describe the student's progress and any changes in the objectives, goals, or schedule of the practicum experience to-date.

Please complete all sections and type your responses

Student's Name: _____ Contact hours end date: _____
Last, First

Host site:

Preceptor:

Practicum advisor:

1) Describe and explain any changes in the learning objectives, practice goals, or schedules of the Practicum.

2) Describe how the Practicum has progressed to date, including any concerns not mentioned above.

3) Confirmed committee members(names): _____ , _____ , _____

4) Scheduled date of Oral Presentation:

Signatures:

Student: _____ Date: _____

Preceptor: _____ Date: _____

Practicum Advisor: _____ Date: _____